

**MECHANIC'S PUPIL TRANSPORTATION VEHICLE INSPECTION REPORT (Rule 92 3/7/04)**

District/System:			County District #:	
Vehicle Year:	Make of Chassis:	Make of Body:	Capacity:	VIN No:

	First Quarter August 25	Second Quarter November 12	Third Quarter January 31	Fourth Quarter April 22
	<b>Approved</b>	<b>Approved</b>	<b>Approved</b>	<b>Approved</b>
Brakes	Yes No	Yes No	Yes No	Yes No
Steering	Yes No	Yes No	Yes No	Yes No
Suspension Components	Yes No	Yes No	Yes No	Yes No
Bus Chassis/Frame	Yes No	Yes No	Yes No	Yes No
Exhaust System	Yes No	Yes No	Yes No	Yes No
Drive Shaft/Differential	Yes No	Yes No	Yes No	Yes No
Engine	Yes No	Yes No	Yes No	Yes No
Tires	Yes No	Yes No	Yes No	Yes No
Electrical System	Yes No	Yes No	Yes No	Yes No
Windshield Wipers	Yes No	Yes No	Yes No	Yes No
Bus Interior and Seats	Yes No	Yes No	Yes No	Yes No
Doors	Yes No	Yes No	Yes No	Yes No
Emergency Door/Hatches (buses only)	Yes No	Yes No	Yes No	Yes No
Windows	Yes No	Yes No	Yes No	Yes No
Heaters, Defrosters	Yes No	Yes No	Yes No	Yes No
Mirrors and Bus Exterior	Yes No	Yes No	Yes No	Yes No
Lights, Lamps, Signals	Yes No	Yes No	Yes No	Yes No
Stop Signal Arm (buses only)	Yes No	Yes No	Yes No	Yes No
Emergency Equipment:				
Fire Extinguisher	Yes No	Yes No	Yes No	Yes No
First Aid/Body Fluid Kit	Yes No	Yes No	Yes No	Yes No
Emergency Reflection	Yes No	Yes No	Yes No	Yes No

**First Quarter**      \_\_\_\_Approved      \_\_\_\_Not Approved

DESCRIPTION OF ITEMS NOT APPROVED:

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This pupil transportation vehicle was inspected by: (Signed)\_\_\_\_\_  
Motor Vehicle Mechanic      Date\_\_\_\_\_

\_\_\_\_\_  
Date Non-Compliant items were corrected      (Signed)\_\_\_\_\_  
Motor Vehicle Mechanic      Date\_\_\_\_\_

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**Second Quarter**      \_\_\_\_Approved      \_\_\_\_Not Approved

DESCRIPTION OF ITEMS NOT APPROVED:

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This student transportation vehicle was inspected by: (Signed)\_\_\_\_\_  
Motor Vehicle Mechanic      Date\_\_\_\_\_

\_\_\_\_\_  
Date Non-Compliant items were corrected      (Signed)\_\_\_\_\_  
Motor Vehicle Mechanic      Date\_\_\_\_\_

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**Third Quarter**      \_\_\_\_Approved      \_\_\_\_Not Approved

DESCRIPTION OF ITEMS NOT APPROVED:

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This student transportation vehicle was inspected by: (Signed)\_\_\_\_\_  
Motor Vehicle Mechanic      Date\_\_\_\_\_

\_\_\_\_\_  
Date Non-Compliant items were corrected      (Signed)\_\_\_\_\_  
Motor Vehicle Mechanic      Date\_\_\_\_\_

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**Fourth Quarter**      \_\_\_\_Approved      \_\_\_\_Not Approved

DESCRIPTION OF ITEMS NOT APPROVED:

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This student transportation vehicle was inspected by: (Signed)\_\_\_\_\_  
Motor Vehicle Mechanic      Date\_\_\_\_\_

\_\_\_\_\_  
Date Non-Compliant items were corrected      (Signed)\_\_\_\_\_  
Motor Vehicle Mechanic      Date\_\_\_\_\_

10/19/05